



Review of Readiness for Medical Revalidation

Individual Trust Feedback Report

Southern Health and Social Care Trust

December 2010

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1. The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland. In its work RQIA encourages continuous improvement in the quality of services, through a planned programme of inspections and reviews.

RQIA was established as a Non Departmental Public Body in 2005 under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The vision of RQIA is to be a driving force for positive change in health and social care in Northern Ireland through four core activities:

- Improving care: we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
- Informing the population: we publicly report on the safety, quality and availability of health and social care.
- Safeguarding rights: we act to protect the rights of all people using health and social care services.
- Influencing policy: we influence policy and standards in health and social care.

2. Context for the review

On 16 November 2009, the General Medical Council (GMC) introduced arrangements through which every doctor wishing to remain in active practice in the United Kingdom is required to hold a licence to practice. In the future, all doctors will be required to undergo a process of revalidation if they wish to keep their licence to practice. Final decisions on the nature and timing of introduction of revalidation have not yet been taken. A GMC consultation on the way ahead closed on 4 June 2010.

The process of revalidation will involve each doctor collecting a portfolio of evidence over a five year cycle which will be reviewed at annual appraisal against standards set out by the GMC and relevant Royal Colleges.

In future, every doctor will be required to have a named responsible officer. The responsible officer will be a statutory position. Responsible officers will make revalidation recommendations to the GMC concerning doctors linked to their organisation. Following consultation, legislation has been enacted by the Northern Ireland Assembly allowing for the appointment of responsible officers by organisations in Northern Ireland by 1 October 2010.

To underpin the revalidation recommendations of responsible officers, each organisation will need robust systems of clinical governance and delivery of medical appraisal. The NHS revalidation support team (RST) has been developing guidance and tools to assist organisations in meeting the requirements of revalidation. To review the quality of the processes supporting revalidation, a specific tool, Assuring the Quality of Medical Appraisal for Revalidation (AQMAR), has been developed. This tool contains two sections; one to assess governance processes, and another to assess appraisal systems. RST recommends the use of evidence-based self- assessment by organisations, with external review every three years.

RQIA has been working with the GMC, RST, Quality Improvement Scotland (QIS) and Healthcare Inspectorate Wales (HIW) to pilot an approach to carrying out independent external review by healthcare regulators. The pilot in Northern Ireland includes the completion of self assessment AQMAR tools by the five health and social care (HSC) trusts, submission of evidence and validation visits to each trust. The pilot will be subject to evaluation by HIW to inform the future design of quality assurance processes.

This report has been prepared to provide feedback to the Southern HSC Trust on the findings of the review team in relation to the trust. RQIA will prepare an overview report on the state of readiness of systems in secondary care to support the introduction of revalidation of doctors in Northern Ireland.

3. Methodology

The methodology for the review comprised the following stages.

1. Completion by each HSC trust of two self - assessment questionnaires developed by the NHS revalidation support team:
 - clinical governance self-assessment tool
 - appraisal self-assessment tool
2. Submission of completed questionnaires together with supporting evidence to RQIA.
3. Validation visits to trusts involving:
 - meetings with trust teams responsible for systems
 - meetings with focus groups of appraisers
 - meetings with focus groups of appraisees
4. Sample audit of a small number of anonymous Part 4 appraisal forms and personal development plans.
5. Preparation of feedback reports for each trust.
6. Preparation of a report of the review findings across Northern Ireland.
7. Evaluation of the process by HIW.

4. Membership of the review team

The members of the review team who took part in the validation visit to the Southern Trust on Monday 7 June 2010 and Thursday 10 June 2010 were:

Ms. Claire Hosie	Safety Governance and Risk Facilitator, NHS Tayside
Dr Martin Shelley	Clinical Lead, NHS Revalidation Support Team
Mr Niall McSperrin	Lay representative
Dr David Stewart	Medical Director / Director of Service Improvement, RQIA
Mr Hall Graham	Primary Care Advisor, RQIA
Angela Belshaw	Project manager, RQIA

5. Review of clinical governance systems

5.1 Organisational clinical governance systems

The Southern HSC Trust has developed an integrated governance strategy, which is designed to cover all domains of governance associated with the delivery of health and social care services. This includes clinical and social care governance. At the time of the review visit, the trust was undertaking a review of its governance arrangements.

Strengths

- The trust has comprehensive governance arrangements in place with clear lines of accountability and terms of reference for committees within the governance structure.
- A patient and client safety structure has been established reporting to the medical director.
- The trust assesses its level of compliance against controls assurance standards on an annual basis. It reported substantial compliance in 2008/09 against standards with improving scores and action plans to address issues identified during the assessments.
- The trust is subject to external review of its governance arrangements including reviews by RQIA.
- Quarterly reports on risk management, complaints, litigation and patient client safety are prepared and presented to the senior management team governance steering group.
- The trust developed a clear action plan following the RQIA review of consultant appraisal (2008).

Challenges

- The governance strategy has not been subject to an equality impact assessment; however an assessment will be undertaken at the next strategy review in late summer 2010.
- The trust will be required to appoint a responsible officer by 1 October 2010 and they will need to review how this new role is reflected in governance structures.

Recommendations

1. The trust should review its governance arrangements and documentation to reflect the establishment of the role of responsible officer from 1 October 2010.

5.2 Information management systems

In discussions with the review team, the trust senior management team recognises that an effective revalidation system will require comprehensive information to be supplied at an individual doctor level.

Within the Mental Health and Learning Disability Directorate (MHLDD) the trust is piloting a model of providing information to doctors to support appraisal. It is planned to roll this model out across the trust during the next year.

Strengths

- The trust holds large amount of data in systems such as DATIX and is considering how to make relevant data available to doctors to support appraisal and revalidation.
- The trust has commissioned the provision of consultant level indicators which are extracted from PAS, and can inform appraisal and job planning processes.
- A pilot of information provision to support appraisal has been carried out in MHLDD and a process has been agreed to roll this out.
- A central register of all clinical and quality indicators within the trust is being compiled, which sets out responsibilities for review of the indicators.
- The trust medical staff appraisal scheme sets out the security and access arrangements for appraisal documentation.

Challenges

- There is no written protocol as to what clinical, audit and incident related information will be provided from trust information systems to support appraisal. The trust has successfully piloted a model of information provision in mental health and learning disability.
- The trust does not have an information management system to support the responsible officer and clinical directors in regular monitoring of the uptake of appraisal. The system would also need to facilitate the responsible officer, appraisers and doctors in completion and retention of appraisal records.

Recommendations

2. The trust should review its capability of introducing information technology solution/s to support the responsible officer, appraisers and appraises in the management and delivery of appraisal.
3. The trust should develop a protocol setting out the information which will be provided to clinicians, from trust based systems, to inform the appraisal process.

5.3. Clinical risk management/patient safety systems

The Southern HSC Trust has a risk management strategy in place and an agreed policy on the management of adverse incidents. The risk management strategy clearly sets out areas of responsibility and processes for risk management at all levels of the organisation.

Strengths

- Patient safety is an identified priority for the trust board and senior management team.
- The trust actively maintains a corporate risk register.
- The trust reports on performance on priority areas in relation to improving patient safety.
- Complaints and incidents are discussed at directorate, divisional and speciality meetings. Action plan templates are completed to monitor delivery on lessons learned from incident reviews.
- Patient safety working groups are established to take forward action in target areas for improving safety.
- Risk management is subject to annual assessment through the controls assurance process.
- A new learning lessons model with an associated progress review template has been endorsed by the senior management team.

Challenges

- There is no routine system for the collation of information which has been provided by staff in the trust to national registries such as drug reaction reporting.
- There is no formal system to provide information for individual doctors relating to significant event reports, with the onus on the appraisee to provide the relevant information, except in mental Health and Learning Disability. This is to be extended for the 2010 appraisal cycle

Recommendations

4. The trust should carry out an audit of reporting arrangements to national and regional registries and patient safety reporting systems, to ensure that relevant information is also being forwarded to trust reporting systems.

5.4. Clinical audit systems

The Southern HSC Trust has not developed a specific strategy for clinical and social care audit. An annual work plan for audit has been developed to reflect clinical and social care governance priorities.

Strengths

- The trust has a formal approval pathway for clinical and social care audit for inclusion in its effectiveness and evaluation work plan.
- An effectiveness and evaluation team has been appointed to support the delivery of multi-disciplinary audit across service directorates, in line with identified priorities. The manager has responsibility for the delivery of national, regional and trust-wide multi-disciplinary audits.
- A database of clinical and quality indicators in the trust has been established within the Medical Directorate.
- Progress against the trust annual work plan is actively monitored.
- The trust medical staff appraisal scheme sets out the requirement for doctors to bring information about audits to appraisal.

Challenges

- The trust does not have a specific strategy for clinical and social care audit although there is an annual work plan.
- Clinical audits are frequently carried out at team level and it can be difficult to gauge involvement by individual clinicians to inform the appraisal process.

Note

The review team has found that, across trusts, robust systems for linking information on clinical audit into individual appraisal of doctors are generally not well developed. A recommendation will be made that this is taken forward at regional level.

5.5. Reporting and managing performance concerns

In relation to the reporting and management of performance concerns about doctors, the Southern HSC Trust follows regional guidance set out in Maintaining High Professional Standards within the HPSS (DHSSPS, Nov 2005).

The trust has a whistle blowing policy, a formal process for identification and management of underperforming doctors and a disciplinary policy.

The trust medical staff appraisal scheme states that:

'If an appraiser identifies aspects of a doctors conduct or health which may potentially be a serious cause for concern, the appraiser will inform the doctor that the appraiser's professional obligations require these concerns be shared with the clinical director/lead appraiser and associate medical director as soon as possible and in writing within five days'.

Strengths

- There is an agreed framework for the identification and management of performance concerns for medical staff.
- The review team was provided with examples where staff were aware of responsibilities and processes in relation to whistle blowing. These included examples where staff had used the system to indicate that they no longer felt capable of carrying out certain procedures, and wanted their scope of work adjusted accordingly.
- The trust has experience of using referral systems for doctors including the involvement of the National Clinical Assessment Service (NCAS).
- The trust appraisal policy sets out the arrangements for doctors' involvement in, or disengagement from, the appraisal scheme when there are concerns about fitness to practice.
- The trust appraisal policy separates the processes of job planning and appraisal, with job planning to be completed before appraisal.

Challenges

- In the emerging context of revalidation there is a need to review arrangements as to how appraisal is managed for doctors about whom there are performance concerns.

5.6. Complaints management systems

The Southern HSC Trust has a comprehensive complaints policy in place and has amended its complaints procedure to reflect new guidance from DHSSPS.

Strengths

- The complaints policy clearly outlines the responsibilities of all staff in relation to complaints and has been redrafted and takes account of regional guidance implemented in April 2009.
- The trust has established a patient and client experience committee, to provide assurance that the trust has effective mechanisms and systems in place to capture the views and experiences of service users.
- The senior management team receives quarterly reports, including information on complaints and commendations received by the trust.
- The trust has invested in training for staff in relation to complaints management.
- Complaints are recorded on the DATIX system and the trust will make information available to doctors to support appraisal.

Challenges

- At present it is the responsibility of appraisees to access and bring information regarding complaints to their appraisal except in Mental Health and Learning Disability Directorate.
- The trust has developed a draft learning lessons model, which is to be disseminated across the whole organisation.
- Complaints relating to clinical services frequently do not refer to individual doctors and so feedback to support appraisal can be limited.

Recommendations

5. The trust should review its systems to determine the information on complaints, which can be made available to individual doctors, to inform the appraisal process.
6. The trust should ensure that robust systems are in place to disseminate learning from incidents and complaints to all relevant staff.

5.7. Continuing professional development (CPD) systems

The Southern HSC Trust is consulting on a study leave/CPD policy for consultants and career grade doctors. The draft policy sets out the trust's commitment to staff development and agreed entitlements. The policy will be submitted to Senior management Team approval prior to implementation.

Strengths

- The trust is committed to establishing a fair and transparent system for granting study leave for doctors.
- The trust is seeking to identify the training needs of medical leaders as well as identifying a process to select and train future medical leaders.
- The trust draft study leave policy and application form require the doctor to declare external sources of funding for courses.

Challenges

- There are limited systems in place to assure the quality of the CPD which is being received by doctors.

Note

The review team has found that, in general, at trust level, there are few systems in place across Northern Ireland to assure the quality of CPD being received by doctors. A recommendation will be made that this is considered at a regional level.

5.8. Service development, workforce development, human resource management

The Southern HSC Trust has developed a draft learning and development strategy for the period 2010-2013.

Strengths

- The trust has established a medical leaders network, to bring together associate medical directors and clinical directors with the trust's senior management team, to discuss and develop medical leadership within the organisation.
- External reviews have been carried out on the roles of associate medical directors and clinical directors.
- The trust requires full reference checks for all new employees.
- The trust medical staff appraisal scheme clearly sets out the arrangements for involving locum doctors in staff appraisal.
- The trust completes exit assessment reports for all short term locum doctors.

Challenges

- The trust recognises that appraisal and job planning are separate processes.
- The trust has developed a useful checklist and an appointment form for locum appointments, although at present this does not include receipt of information in relation to last appraisal or exit reports from previous employers.

Recommendations

7. The trust should review its arrangements in relation to the employment of locum doctors, to consider requesting information relating to last appraisal and provision of exit reports from previous employers.

Note

The review team considers that the systems for gathering and sharing information with regard to locum doctors, to support their future revalidation, will require to be strengthened and recommends that this is considered at regional level.

6. Review of appraisal systems

6.1 Organisational ethos

There is unequivocal commitment from the highest levels of the responsible organisation to deliver a quality assured system of appraisal, in support of revalidation, that is fully integrated with local clinical governance systems.

The Southern HSC Trust has a comprehensive appraisal policy, which has been updated to reflect the introduction of revalidation.

The review team found that there was strong evidence of commitment for the appraisal process, from the chief executive and all members of the senior management team.

The review team felt that the trust had a good understanding of the appraisal process in that the trust feels it is a positive process to give doctors feedback on their past performance, to chart their continuing progress and to identify educational and development needs.

The review team felt that the trust had linked the processes of appraisal and job planning and had a good understanding of how in the future their appraisal and governance systems should also be linked.

In interviews with appraisers and appraisees, it was clear that the appraisers were aware of the purpose and value of appraisal, but it was not always clear that appraisees were as certain. All doctors interviewed felt that the appraisal process had improved since amalgamation of the trusts had taken place.

Both appraisers and appraisees felt that time was the biggest limiting factor in the appraisal process, both in time for the appraisal itself and also the time taken to prepare. Appraisers felt that more administration backup would be beneficial.

Strengths

- The trust has a comprehensive, recent appraisal policy, with clear lines of accountability, led by the medical director and supported by associate medical directors and clinical directors.
- Prior to the RQIA review the trust had already carried out a self assessment using AQMAR and developed an action plan to address any identified deficiencies.
- The medical director prepares a comprehensive annual report on appraisal for the Trust board, which is an example of best practice. It includes details of progress against the trust action plan on appraisal, the results of audits of folders, and appraisee feedback surveys.

- There is identified time set aside in their job plans, for appraisers to carry out their role.
- The trust has carried out a review of the appraisal system leading to validation of the list of appraisers.
- An equality impact assessment has been carried out on the appraisal policy.

Challenges

- The trust will need to review the availability of administrative and IT system support for the new role of responsible officer, to ensure delivery of statutory responsibilities in relation to revalidation.

Recommendations

8. The trust should plan to provide sufficient resources in terms of time, finance and administration to support the introduction of revalidation.

6.2 Appraiser selection, skills and training

The responsible organisation has a process for selection of appraisers. Appraisers undertake initial training and their skills are reviewed and developed.

Strengths

- Appraisers are recruited on the basis of a job description and personnel specification.
- The trust's list of appraisers has been validated and updated as part of a review of the appraisal system.
- Appraisal is included in the job descriptions of associate medical directors and clinical directors.
- Initial training on appraisal, for all new appraisers, is provided by the Beeches Management Centre.
- Update training is provided by the trust. Appraisers found both the initial training and the follow up training were extremely useful. Appraisers felt that the training provided by the trust could be developed to support enhanced appraisal.
- An anonymous survey of appraisees has taken place and was generally positive about the role of appraisers in the trust.

Challenges

- Appraisal training is available for appraisees but not everyone in the group of appraisees interviewed was aware that this training is available.
- There is a need to review and develop appraiser skills and provide feedback on performance. Both appraisees and appraisers felt this would be an extremely useful process.
- At present there is no interview/assessment process in the recruitment of appraisers.

Recommendations

9. The trust should review and further develop the follow up training it provides for appraisers.

Note

The review team has found that, in trusts, the systems to provide assurance on the performance of appraisers, and also feedback on that performance are generally not well developed. A regional recommendation will be made in this regard.

6.3 Appraisal discussion

The appraisal is informed by a portfolio of verifiable supporting information that reflects the whole breadth of the doctor's practice and informs objective evaluation of its quality. The discussion includes challenge, encourages reflection and generates a personal development plan (PDP) for the year ahead.

Strengths

- An audit of a sample of appraisal folders has been carried out by the trust.
- An appraisal discussion checklist has been developed.
- An audit of the quality of form 4s and PDPs has been carried out.
- The trust has taken part in a pilot of multi-source feedback. Both appraisers and appraisees considered this to be a valuable addition to the information supporting appraisal.
- Some appraisers and appraisees described their experience of appraising/being appraised by a doctor outside their speciality and this had been effectively carried out. This can facilitate the possibility of rotation of appraisers.
- The trust has systems in place to deal with non-engagement in the appraisal process.
- The appraisal policy describes the arrangements in place to deal with performance/other issues identified during an appraisal.

Challenges

- Appraisers and appraisees both raised issues relating to the development of a meaningful PDP. Attendance at courses may be limited by finance and it is sometimes difficult to combine a doctor's personal objectives with those of the directorate/trust.
- Appraisers and appraisees considered that the availability of information to support appraisal was an ongoing issue, but felt that steps that the trust was taking was making the process easier.
- Appraisees suggested that it would be useful in the information supplied for appraisal, to have peer comparison to show how the doctor compares with someone who carries out a similar role.
- There is a need to ensure that the role of the appraiser is reflected in their own appraisal and PDP.

Sample audit of form 4s

The trust submitted seven anonymised form 4s. There was a standardised template for the personal development plan (PDP). While the majority of sections had been completed by both parties, the quality of the submissions was variable. All appraisals had been signed off appropriately and had a completed personal development plan attached.

There was evidence that two doctors had been involved in a 360 degree appraisal exercise.

Recommendations

- 10.** The trust should consider providing guidance to appraisers on how to complete appraisal documentation which would include examples of good practice.
- 11.** The trust should ensure that the role of appraisers is reflected within their own appraisals.

Notes

The review team considers that at regional level there is an urgent need to review appraisal documentation, to meet the requirements for the four domains of good medical practice, and to support the process of revalidation.

The review team also considers that there should be guidance issued on the provision of information from private practice and other non-trust work, which should be brought to the appraisal discussion in the context of revalidation.

6.4 Systems and infrastructure

The management of the appraisal system is effective and ensures that all doctors linked to the responsible organisation are appraised annually.

In the Southern HSC Trust, in the year 2008/2009 the number of doctors who were eligible for appraisal was:

- consultants 149
- locum consultants 24
- SAS doctors 102

In the Southern Trust, in the year 2008/2009 the percentage of doctors who had had a completed appraisal was:

- consultants 81 per cent
- locum consultants 50 per cent
- SAS doctors 57 per cent

Strengths

- The trust has delivered appraisal to a significant percentage of consultants.
- There are detailed records available to the medical director on uptake of appraisal by directorate and grade of doctor.
- There is written guidance on dealing with complaints arising from the appraisal process.
- There are systems in place for the confidential storage of appraisal documentation.
- There are clear lines of managerial accountability for appraisal.

Challenges

- There is a need to identify the reasons why some doctors have not been appraised during the annual cycle, or where the appraisal has not been fully completed with a PDP.

Recommendations

12. The trust should carry out an exception audit, to identify reasons why appraisals were not completed by individual doctors.

7. Conclusions

The aim of this review was to carry out an assessment of the current state of readiness of secondary care trusts in Northern Ireland in relation to the introduction of revalidation of doctors. The review focused on the systems for governance and appraisal, which will be essential to support responsible officers in making recommendations to the GMC, on the revalidation of individual doctors.

The review team was pleased to find that the Southern HSC Trust has made good progress in preparing for medical revalidation and enhanced appraisal. There are comprehensive governance arrangements in place, with evidence of commitment from the senior management team to ensure successful implementation of revalidation. The trust has actively participated in the regional pilot of appraisal documentation and use of 360 degree assessment.

There is strong medical leadership and lines of accountability for the appraisal system, with measures in place for internal quality assurance and monitoring of appraisal uptake.

In 2008/09, 84 per cent of consultants were recorded as having a completed appraisal but only 50 per cent of locum consultants and 57 per cent of SAS doctors. There is a need to identify the reasons why some doctors have not had an appraisal, and the steps required to ensure that ongoing appraisal is in place to support revalidation.

The trust has identified the need to standardise the provision of information to individual doctors to support appraisal. The review team has recommended that the trust considers the provision of IT enabling solutions to support the role of the responsible officer in appraisal and revalidation, and to support appraisers and appraisees in gathering and recording evidence.

The review team found that there is a need to strengthen systems for supporting appraisers and providing them with feedback on their performance in the role.

The review team concludes that, on completion of the actions set out in the trust action plan for revalidation and the recommendations of this report, the Southern Trust could consider application to be an early adopter site for revalidation.

8. Summary of recommendations

- 1.** The trust should review its governance arrangements and documentation to reflect the establishment of the role of responsible officer from 1 October 2010.
- 2.** The trust should review its capability of introducing information technology solution/s to support the responsible officer, appraisers and appraises in the management and delivery of appraisal.
- 3.** The trust should develop a protocol setting out the information which will be provided to clinicians, from trust based systems, to inform the appraisal process.
- 4.** The trust should carry out an audit of reporting arrangements to national and regional registries and patient safety reporting systems, to ensure that relevant information is also being forwarded to trust reporting systems.
- 5.** The trust should review its systems to determine the information on complaints, which can be made available to individual doctors, to inform the appraisal process.
- 6.** The trust should ensure that robust systems are in place to disseminate learning from incidents and complaints to all relevant staff.
- 7.** The trust should review its arrangements in relation to the employment of locum doctors, to consider requesting information relating to last appraisal and provision of exit reports from previous employers.
- 8.** The trust should plan to provide sufficient resources in terms of time, finance and administration to support the introduction of revalidation.
- 9.** The trust should review and further develop the follow up training it provides for appraisers.
- 10.** The trust should consider providing guidance to appraisers on how to complete appraisal documentation which would include examples of good practice.
- 11.** The trust should ensure that the role of appraisers is reflected within their own appraisals.
- 12.** The trust should carry out an exception audit, to identify reasons why appraisals were not completed by individual doctors.